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| Fill in this info                                     | ormation to identify your case:  |  |                                      |                                | only as d    | irected in this form and                                 | in Form                           |
|---|--|--|--------------------------------------|--------------------------------|--------------|--|-----------------------------------|
| Debtor 1  | Billie Wayne Williams  |  | 122                                  | 2A-1Supp:                      |              |  |                                   |
| Debtor 2<br>(Spouse, if filing)                       |  |  | '                                    | ■ 1. There                     | s no pres    | umption of abuse   |                                   |
| United States   | Bankruptcy Court for the: District of Utah   |  | '                                    |                                |              | o determine if a presur<br>nade under <i>Chapter 7</i> i | •                                 |
| Case number   |  |  | ,                                    | _                              | •            | icial Form 122A-2).                                      | and of                            |
|   |  |  |                                      |                                |              | does not apply now be<br>service but it could ap         |                                   |
| Official I  | Form 122A - 1  |  |                                      | ☐ Check if                     | this is a    | n amended filing   |                                   |
|   | 7 Statement of Your Cui  | rent Mor   | nthly Inc                            | ome                            |              |  | 12/15                             |
| attach a separa<br>case number (i<br>qualifying milit | e and accurate as possible. If two married people a<br>te sheet to this form. Include the line number to v<br>f known). If you believe that you are exempted fro<br>ary service, complete and file Statement of Exemp<br>calculate Your Current Monthly Income | vhich the addition<br>m a presumption                      | nal information a<br>of abuse becau  | applies. On the                | e top of ai  | ny additional pages, writ<br>narily consumer debts o     | te your name and<br>or because of |
|   | your marital and filing status? Check one or   |  |                                      |                                |              |  |                                   |
| _   | married. Fill out Column A. lines 2-11.  | ny.  |                                      |                                |              |  |                                   |
|   | ied and your spouse is filing with you. Fill or  | ut both Columns  | A and B lines                        | 2-11                           |              |  |                                   |
|   | ied and your spouse is NOT filing with you.  |  | •                                    | 2 11.                          |              |  |                                   |
| _   | ving in the same household and are not lega  | •  | •                                    | lumns A and                    | IR lines 2   | P-11   |                                   |
| _   | ving separately or are legally separated. Fill   | • •  |                                      |                                | ,            |  | ı declare under                   |
| рe  | enalty of perjury that you and your spouse are living apart for reasons that do not include evadi  | egally separated   | l under nonban                       | kruptcy law                    | that applie  | es or that you and your                                  |                                   |
| 101(10A). Fe<br>the 6 months                          | verage monthly income that you received from all<br>or example, if you are filing on September 15, the 6-m<br>s, add the income for all 6 months and divide the total<br>n the same rental property, put the income from that p                                | nonth period would<br>I by 6. Fill in the res              | be March 1 throusult. Do not include | ugh August 31<br>de any income | . If the amo | ount of your monthly incomore than once. For examp       | ne varied during<br>le, if both   |
|   |  |  |                                      | Column A Debtor 1              |              | Column B Debtor 2 or non-filing spouse                   |                                   |
|   | oss wages, salary, tips, bonuses, overtime, leductions).   | and commissio  | ons (before all                      | \$                             | 881.95       | \$   |                                   |
|   | . <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.   |  |                                      | \$                             | 0.00         | \$   |                                   |
| of you of from an and room                            | unts from any source which are regularly party our dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a spon on the include payments you listed on line 3.                            | <ul> <li>Include regular</li> <li>your depender</li> </ul> | contributions<br>nts, parents,       | \$                             | 0.00         | \$   |                                   |
|   | ome from operating a business, profession,   | or farm  |                                      |                                |              |  |                                   |
|   |  |  | tor 1                                |                                |              |  |                                   |
|   | eceipts (before all deductions)  | \$ 0.00  |                                      |                                |              |  |                                   |
| •   | and necessary operating expenses   | -\$ 0.00   | Copy here ->                         | ¢                              | 0.00         | \$   |                                   |
|   | othly income from a business, profession, or far   | m \$   | copy nere ->                         | Ψ                              | 0.00         | Ψ  |                                   |
| 6. Net inco   | ome nom remai and other real property  | Deb  | tor 1                                |                                |              |  |                                   |
| Gross re  | eceipts (before all deductions)  | \$ 0.00  |                                      |                                |              |  |                                   |
|   | and necessary operating expenses   | -\$ 0.00   |                                      |                                |              |  |                                   |
| •   | athly income from rental or other real property  | \$ 0.00  | Copy here ->                         | \$                             | 0.00         | \$   |                                   |
| 7. Interest   | , dividends, and royalties   |  |                                      | \$                             | 0.00         | \$   |                                   |

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Billie Wayne Williams

Case number (if known)

|  |   |   |          | Column A Debtor 1 |             | Column B Debtor 2 or non-filing s |            |                |
|--|---|---|----------|-------------------|-------------|-----------------------------------|------------|----------------|
| 8.   | Unemployment compensation   |   |          | \$                | 0.00        | \$                                |            |                |
|  | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:  | received was a benef  | it under | ·                 |             | ·                                 |            |                |
|  |   | 0.0   | 00       |                   |             |                                   |            |                |
|  | For you \$ For your spouse \$   |   |          |                   |             |                                   |            |                |
| 9.   | <b>Pension or retirement income.</b> Do not include any am benefit under the Social Security Act.   | ount received that was  | s a      | \$                | 0.00        | \$                                |            |                |
| 10.  | Income from all other sources not listed above. Spect Do not include any benefits received under the Social Streceived as a victim of a war crime, a crime against hum domestic terrorism. If necessary, list other sources on a total below. | ecurity Act or paymen<br>nanity, or international<br>separate page and pu | ts<br>or | \$                | 0.00        | \$                                |            |                |
|  | •   |   |          | Φ                 |             | Ψ                                 |            |                |
|  | Total annuals form and an array form  |   |          | <b>Ф</b>          | 0.00        | <b>D</b>                          |            |                |
|  | Total amounts from separate pages, if any.  |   | +        | <b>\$</b>         | 0.00        | \$                                |            |                |
| 11.  | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total   |   | \$       | 2,881.95          | + \$        |                                   | = \$       | 2,881.95       |
|  |   |   |          |                   |             |                                   | Total c    | urrent monthly |
| Part   | 2: Determine Whether the Means Test Applies to  | You   |          |                   |             |                                   | meom       |                |
| 12.  | Calculate your current monthly income for the year.   | Follow these steps:   |          |                   |             |                                   |            |                |
|  | 12a. Copy your total current monthly income from line 1   | 1   |          | Сору              | line 11 h   | ere=>                             | \$         | 2,881.95       |
|  | Multiply by 12 (the number of months in a year)   |   |          |                   |             |                                   | <b>X</b> 1 |                |
|  | 12b. The result is your annual income for this part of the  | form  |          |                   |             | 12b.                              | \$         | 34,583.40      |
| 13.  | Calculate the median family income that applies to y  | ou. Follow these step   | s:       |                   |             |                                   |            |                |
|  | Fill in the state in which you live.  | UT  |          |                   |             |                                   |            |                |
|  | Fill in the number of people in your household.   | 1   |          |                   |             |                                   |            |                |
|  | Fill in the median family income for your state and size of   |   |          |                   |             | 13.                               | \$         | 57,771.00      |
|  | To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankr   |   | ecified  | in the separa     | te instruct | ions                              |            |                |
| 14.  | How do the lines compare?   |   |          |                   |             |                                   |            |                |
|  | 14a. Line 12b is less than or equal to line 13. Or Go to Part 3.  | the top of page 1, ch   | eck box  | 1, There is n     | o presum    | ption of abuse                    | ),         |                |
|  | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  | page 1, check box 2,  | The pre  | esumption of a    | abuse is d  | determined by                     | Form 12    | 22A-2.         |
| Part   | 3: Sign Below   |   |          |                   |             |                                   |            |                |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. |   |   |          |                   |             |                                   |            |                |
| X /s/ Billie Wayne Williams  |   |   |          |                   |             |                                   |            |                |
|  | Billie Wayne Williams Signature of Debtor 1   |   |          |                   |             |                                   |            |                |
|  | Date November 15, 2017 MM / DD / YYYY   |   |          |                   |             |                                   |            |                |
| If you checked line 14a, do NOT fill out or file Form 122A-2.  |   |   |          |                   |             |                                   |            |                |
|  | If you checked line 14b, fill out Form 122A-2 and file it with this form.   |   |          |                   |             |                                   |            |                |

Debtor 1

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Debtor 1 Billie Wayne Williams Ca

Case number (if known)

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period **05/01/2017** to **10/31/2017**.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Sweet Candy Company

| Income b | N/amth.    |
|----------|------------|
| income o | v ivionini |

| 6 Months Ago: | 05/2017            | \$2,973.77 |
|---------------|--------------------|------------|
| 5 Months Ago: | 06/2017            | \$2,988.87 |
| 4 Months Ago: | 07/2017            | \$2,334.12 |
| 3 Months Ago: | 08/2017            | \$3,719.38 |
| 2 Months Ago: | 09/2017            | \$2,697.50 |
| Last Month:   | 10/2017            | \$2,578.06 |
|               | Average per month: | \$2,881.95 |